

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>10/047,873</u>	Prepared by <u>APP</u>	Tracking Number <u>05884765</u>	
Examiner-GAU <u>UPRON-</u>	Date <u>2/14/04</u>	Week Date <u>1/5/04</u>	
<u>1024</u>	No. of queries <u>1</u>	<u>IFW</u>	

JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION	MESSAGE
a. Page Missing	<p>① Claim 11 (originally claim 13) depends on claim 12 (originally claim 10). Please advise/correct claim dependency.</p> <p>② Claim dependency: please provide correct dependency of claim 26 (original claim 23.). (See attached).</p> <p><i>[Signature]</i></p>
b. Text Continuity	
c. Holes through Data	
d. Other Missing Text	
e. Illegible Text	
f. Duplicate Text	
g. Brief Description	
h. Sequence Listing	
i. Appendix	
j. Amendments	
k. Other	
<p>CLAIMS</p> <p>a. Claim(s) Missing</p> <p><u>b. Improper Dependency</u></p> <p>c. Duplicate Numbers</p> <p>d. Incorrect Numbering</p> <p>e. Index Disagrees</p> <p>f. Punctuation</p> <p>g. Amendments</p> <p>h. Bracketing</p> <p>i. Missing Text</p> <p>j. Duplicate Text</p> <p>k. Other</p>	
<p>RESPONSE</p> <p><i>[Signature]</i></p> <p>initials <i>[Signature]</i></p> <p>initials</p>	